

IDAHO INDIVIDUAL INCOME TAX RETURN

2001

Amended Return ☐See instructions page 5, for THE REASONS
FOR AMENDING, and enter the number. ☐

A R F W M

For calendar year 2001, or fiscal year beginning _____, ending _____

Use IDAHO label. Otherwise, please print or type.	Your first name and initial	Last name	Your Social Security Number
	Spouse's first name and initial	Last name	Spouse's Social Security Number
	Address (number, street and apartment number)		▲ IMPORTANT! ▲ You must enter your SSN(s) above.
	City, State and Zip Code		

Do you need Idaho income tax forms mailed to you next year? ☐ Yes ☐ No

Filing status

If filing married joint or separate return, enter spouse's name and social security number above.

1. ☐ Single
2. ☐ Married filing joint return
3. ☐ Married filing separate return
4. ☐ Head of household
5. ☐ Qualifying widow(er)

6. Exemptions Enter the same number claimed on federal return.

- a. ☐ Yourself { If parents, or someone else, can claim you (or your spouse) as dependents, enter "0".
b. ☐ Spouse
c. ☐ Other dependents
d. ☐ Total exemptions

Election campaign fund

I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).

- | | | | |
|---------------------------------------|--------------------------|--------------------------------------|--------------------------|
| 7. Yourself | 8. Spouse | 7. Yourself | 8. Spouse |
| Constitution <input type="checkbox"/> | <input type="checkbox"/> | Reform <input type="checkbox"/> | <input type="checkbox"/> |
| Democratic <input type="checkbox"/> | <input type="checkbox"/> | Republican <input type="checkbox"/> | <input type="checkbox"/> |
| Libertarian <input type="checkbox"/> | <input type="checkbox"/> | No Specific <input type="checkbox"/> | <input type="checkbox"/> |
| Natural Law <input type="checkbox"/> | <input type="checkbox"/> | None <input type="checkbox"/> | <input type="checkbox"/> |

ATTACH STATE W-2 COPIES HERE	INCOME. See instructions, page 5.				
	9. Enter your federal adjusted gross income from federal Form 1040, line 33; federal Form 1040A, line 19; or federal Form 1040EZ, line 4. Attach a complete copy of your federal return.	9	00		
	10. Additions from Form 39R, Part A, line 6	10	00		
	11. Total. Add line 9 and 10.	11	00		
	12. Subtraction from Form 39R, Part B, line 20	12	00		
	13. TOTAL ADJUSTED INCOME. Subtract line 12 from line 11.	13	00		
ATTACH PAYMENT HERE	TAX COMPUTATION. See instructions, page 5.				
	Standard Deduction For Most People	14. CHECK	a. If age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. If blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 20 and 46. <input type="checkbox"/>		
		15. Itemized deductions. Attach federal Schedule A. Federal limits apply.	15	00	
		16. All state and local income taxes included on federal Schedule A, line 5	16	00	
	Single: \$4,550	17. Subtract line 16 from line 15. If you do not use federal Schedule A, enter zero.	17	00	
	Head of Household: \$6,650	18. Standard deduction. See instructions, page 6, if you checked any box on line 14.	18	00	
	Married filing Jointly: \$9,100	19. Subtract the LARGER of line 17 or 18 from line 13. If less than zero, enter zero.	19	00	
	Married filing Separately: \$3,800	20. Multiply \$2,900 by the number of exemptions claimed on line 6d. Federal limits apply.	20	00	
	Qualifying Widow(er): \$7,600	21. Taxable income. Subtract line 20 from line 19. If less than zero, enter zero.	21	00	
		22. TAX from tables or rate schedule. See instructions, page 26.	22	00	

- ☐ Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

SIGN HERE	Your signature	Date	Paid preparer's signature	Preparer's EIN, SSN, or PTIN
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address and phone number	

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056

ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.

23. Tax amount from line 22.		23	00
CREDITS. Limits apply. See instructions, page 7.			
24. Income tax paid to other states. Attach Form 39R and a copy of the other state return(s).	24	00	
25. Credit for contributions to educational entities	25	00	
26. Investment tax credit. Attach Form 49. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	26	00	
27. Credit for contributions to youth and rehabilitation facilities	27	00	
28. Credit for production equipment using post-consumer waste	28	00	
29. Natural resources conservation credit	29	00	
30. Promoter-sponsored event credit	30	00	
31. Credit for qualifying new employees. Attach Form 55. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	31	00	
32. Credit for Idaho research activities. Attach Form 67. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	32	00	
33. Broadband equipment investment credit. Attach Form 68. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	33	00	
34. Incentive investment tax credit. Attach Form 69. Earned <input type="checkbox"/> Allowed <input type="checkbox"/>	34	00	
35. Electronically filed return credit			
36. TOTAL CREDITS. Add lines 24 through 35.	36	00	
37. Subtract line 36 from line 23. If line 36 is more than line 23, enter zero.	37	00	
OTHER TAXES. See instructions, page 8.			
38. Fuels tax due. Attach Form 75.	38	00	
39. Sales/Use tax due on mail order, Internet, and other nontaxed purchases	39	00	
40. Tax from recapture of Idaho investment tax credit. Attach Form 49R.	40	00	
41. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	41	10 00	
42. TOTAL TAX. Add lines 37 through 41.	42	00	
DONATIONS. See instructions, page 8.			
43. I wish to donate to the Nongame Wildlife Conservation Fund.	43	00	
44. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	44	00	
45. TOTAL TAX PLUS DONATIONS. Add lines 42 through 44.	45	00	
PAYMENTS and OTHER CREDITS. See instructions, page 8.			
46. Grocery credit. \$20 per person claimed on line 6d	46	00	
47. Additional grocery credit. \$15 per person 65 or older claimed on line 14a	47	00	
48. Maintaining a home for family member age 65 or older, or developmentally disabled. From Form 39R.	48	00	
49. Special fuels tax refund Gasoline tax refund Attach Form 75.	49	00	
50. Idaho income tax withheld. Attach Form(s) W-2.	50	00	
51. 2001 Form 51 payment(s) and amount applied from 2000 return	51	00	
52. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 46 through 51.	52	00	
AMENDED RETURN ONLY. (Skip this step if you are not filing an amended return.) See instructions, page 9.			
53. Tax paid with or after the filing of the original return.	53	00	
54. Overpayment, if any on original return or as adjusted	54	00	
55. Amended return — total payments and credits — subtract line 54 from the total of lines 52 and 53.	55	00	
Original Return: If line 45 is more than line 52, GO TO LINE 56. If line 45 is less than line 52, GO TO LINE 59. Amended Return: If line 45 is more than line 55 GO TO LINE 56. If line 45 is less than line 55 GO TO LINE 59.			
REFUND or TOTAL DUE. See instructions, page 9.			
56. TAX DUE. Subtract line 52 (or line 55 if amended return) from line 45.	56	00	
57. Penalty <input type="checkbox"/> Interest from the due date <input type="checkbox"/> Enter total. <input type="checkbox"/> Check the box if the penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>	57	00	
58. TOTAL DUE. Add lines 56 and 57. Make check or money order payable to the Idaho State Tax Commission.	58	00	
59. OVERPAID. Line 52 (or 55 if amended return) minus lines 45 and 57. This is the amount you overpaid.	59	00	
60. REFUND. Amount of line 59 to be refunded to you.	60	00	
61. ESTIMATED TAX. Amount of line 59 to be applied to your 2002 estimated tax.	61	00	